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**2017-18 HOUSEHOLD BUDGET SURVEY (2017-18 HBS)****FORM 1****SECTION 1 - 9: DEMOGRAPHIC; PARENTS' SURVIVORSHIP AND EDUCATION AND EMPLOYMENT STATUS; BIRTH DELIVERY AND BREAST FEEDING; CITIZENSHIP AND MIGRATION; EDUCATION; LITERACY; HEALTH; DISABILITY; LABOUR STATUS****SECTION A: HOUSEHOLD IDENTIFICATION**

	CODE	
1. REGION:	<input type="text"/>	
2. DISTRICT	<input type="text"/>	
3. WARD / SHEHIA	<input type="text"/>	
4. VILLAGE/STREET	<input type="text"/>	
5. ENUMERATION AREA (EA)	<input type="text"/>	
6. HOUSEHOLD ID CODE (FROM LIST) :	<input type="text"/>	
7. NAME OF COMMUNITY LEADER:		
8. PHONE NO. OF COMMUNITY LEADER:		
9. NAME OF HOUSEHOLD HEAD:		
10. PHONE NO. OF HOUSEHOLD HEAD:		
11. DOES THIS HOUSEHOLD REPLACE ANOTHER SAMPLE HOUSEHOLD CHOSEN FOR THE SURVEY?		

12. RESULT OF INTERVIEW:

Agreed to be Interviewed.....1  
No Household Member at Home or no Competent  
Respondent at Home at Time of Visit.....2  
Entire Household Absent for Extended Period  
of Time.....3  
Postponed.....4  
Refused.....5  
Dwelling Vacant or Address not a Dwelling....6  
Dwelling Destroyed.....7  
Dwelling Not Found.....8  
Other (Specify).....9

TIME TO START THE INTERVIEW

TIME	MINUTES
<input type="text"/>	<input type="text"/>

MARK BOX WITH AN 'X' AND NUMBER OF FORMS  
BELOW IF YOU USE MORE THAN THIS SINGLE FORM  
TO COLLECT INFORMATION FROM THIS HOUSEHOLD.  
IF SO, BE SURE TO MARK IN THE SAME WAY THE  
OTHER FORMS USED FOR THIS HOUSEHOLD

<input type="text"/>
FORM ____ OF ____

LATITUDE

LONGITUDE

ALTITUDE (M)

DEGREE	MINUTES	SECONDS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

YES..1 NO...2

NUMBER OF HOUSEHOLD SELECTED BEFORE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ENUMERATOR'S OPINION

<input type="text"/>
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<input type="text"/>
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SECTION A-2: SURVEY STAFF DETAILS

IDENTIFICATION: 

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A14 A14. NAME OF ENUMERATOR: \_\_\_\_\_

A15 A15. ENUMERATOR CODE: 

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A16	A16. DATE OF INTERVIEW:	DD	MM	YY	FORM	RESULTS
	First Visit		/	/		
	Second Visit		/	/		
	Third Visit		/	/		
	Fourth Visit		/	/		
	Fifth Visit		/	/		
	Sixth Visit		/	/		
	Seventh Visit		/	/		
	Eighth Visit		/	/		
	Ninth Visit		/	/		
	Tenth Visit		/	/		
	Eleventh Visit		/	/		
	Twelve Visit		/	/		
	Thirteenth Visit		/	/		
	Fourteenth Visit		/	/		

OBSERVATIONS ON THE INTERVIEW

RECORD GENERAL NOTES ABOUT THE INTERVIEW AND RECORD ANY SPECIAL INFORMATION THAT WILL BE HELPFUL FOR SUPERVISORS AND THE ANALYSIS OF THIS QUESTIONNAIRE.



SECTION 1: RESPONDENTS CHARACTERISTICS									
ALL AGES									
LIST OF HOUSEHOLD MEMBERS		1.1	1.2	1.3					
I N D I V I D U A L  I D	NAME	What is [NAME]'s relationship to the head of household?	Sex	In what month and year was [NAME] born?					
	LIST HOUSEHOLD HEAD ON LINE 1. MAKE A COMPLETE LIST OF ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE HEAD OF HOUSEHOLD.	Head.....1	M..... 1 F..... 2	<b>LANDMARK EVENTS</b> Beginning of British Colonial Rule in Tanganyika..... 1919 Beginning of 2nd World War..... 1939 End of 2nd World War..... 1945 Birth of TANU..... 1954 Tanganyika Independence Day..... 1961 Zanzibar Revolution..... 1964 Arusha Declaration..... 1967 Birth of Chama Cha Mapinduzi..... 1977 Kagera War..... 1978 Retirement of the First President of Tanzania..... 1985  IF MONTH AND/OR YEAR OF BIRTH IS DON'T KNOW WRITE '98' IN MONTH AND '9998' IN YEAR  <div> <div>1.3A</div> <div>1.3B</div> </div> <div> <div>1.3 A -</div> <div>YEAR</div> </div>					
		Spouse.....2							
		Son /Daughter.....3							
		Son/Daughter In-Law.....4							
		Grandchild.....5							
		Parent.....6							
		Parent-In-Law.....7							
		Brother or Sister.....8							
		Co-Wife.....9							
		Other Relative.....10							
		Adopted/Foster.....11							
		Step Child.....12							
Live-In Servant.....13									
Other Non-Relative (Specify).....14									
Don't Know.....98									
1									
2									
3									
4									
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6									
7									
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9									
10									
11									
12									

IN ORDER TO MAKE A COMPREHENSIVE LIST OF HOUSEHOLD MEMBERS, USE THE FOLLOWING PROBE QUESTIONS:

FIRST, ASK NAMES OF ALL THE MEMBERS OF THE IMMEDIATE (NUCLEAR) FAMILY WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. WRITE DOWN NAMES, SEX, AND RELATIONSHIP TO HOUSEHOLD HEAD FILL IN QUESTIONS 1.1 TO 1.7

THEN, ASK NAMES OF ANY OTHER PERSONS RELATED TO HOUSEHOLD MEMBERS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE. FILL IN QUESTIONS 1.1 TO 1.7

ALSO ASK OTHER PERSONS NOT HERE NOW WHO NORMALLY LIVE AND EAT THEIR MEALS HERE? FOR EXAMPLE, HOUSEHOLD MEMBERS STUDYING ELSEWHERE OR TRAVELING. FILL IN QUESTIONS 1.1 TO 1.7.

THEN, ASK NAMES OF ANY OTHER PERSONS NOT RELATED TO HOUSEHOLD MEMBERS, BUT WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER HERE, SUCH AS LIVE-IN SERVANTS. FILL IN QUESTIONS 1.1 TO 1.7

IF MORE THAN 12 INDIVIDUALS, USE SECOND QUESTIONNAIRE. MAKE SURE TO MARK BOX ON FIRST PAGE OF BOTH QUESTIONNAIRES.

## SECTION 1: RESPONDENTS CHARACTERISTICS

[illegible]



## SECTION 2: PARENTS' SURVIVORSHIP, EDUCATION, AND EMPLOYMENT STATUS

	ALL AGES
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[illegible]

SECTION 3: BIRTH DELIVERY AND BREAST FEEDING					
AGE 0 - 4					
	3.1	3.2	3.3	3.4	
I N D I V I D U A L	Where was [NAME] delivered?	Who assisted in the delivery of [NAME]?	Has [NAME] ever been breastfed?	When did NAME start breastfeeding after delivery?	
	PUBLIC NATIONAL/NATIONAL/ZONAL/ SPECIALISED HOSPITAL/TEACHING HOSPITAL..... 1 PUBLIC REGIONAL REFERRAL HOSPITAL..... 2 PUBLIC REGIONAL HOSPITAL..... 3 PUBLIC DISTRICT HOSPITAL..... 4 PUBLIC HEALTH CENTRE..... 5 PUBLIC DISPENSARY..... 6 PUBLIC CLINIC..... 7 PRIVATE REFERRAL..... 8 PRIVATE HEALTH CENTRE..... 9 PRIVATE DISPENSARY..... 10 PRIVATE CLINIC..... 11 RELIGIOUS REFERRAL/SPECIALISED HOSPITAL..... 12 RELIGIOUS HEALTH CENTRE..... 13 RELIGIOUS DISPENSARY..... 14 RELIGIOUS REFERRAL HOSPITAL..... 15 TRADITIONAL HEALER..... 16 HOME..... 17 ► Q3.3 OTHER..... 18  DON'T KNOW..... 98 ► Q3.3	Health Personnel - Doctor/AMO.....1 Health Personnel - Clinical Officer.....2 Health Personnel - Ass Clinical Officer.....3 Health Personnel - Nurse/Midwife.....4 Health Personnel - Ass Nurse.....5 Health Personnel - Maternal and Child Health (MCH) Aide.....6 Other Person - Community Health Worker.....7 Other Person - Trained Traditional Birth Attendant (TBA).....8 Other Person - Untrained Traditional Birth Attendant (TBA).....9 Traditional Healer.....10 Other Person - Relative/Fried.....11 Self.....12 Other.....13 No One Assisted.....14  DON'T KNOW.....98	YES.....1 NO.....2 ► Q3.8  DON'T KNOW..... 98 ► Q3.8	IMMEDIATELY (WITHIN ONE HOUR)....1 1 TO 24 HOURS.....2 TWO DAYS OR LATER....3	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
11					
12					



### SECTION 3: BIRTH DELIVERY AND BREAST FEEDING

AGE 0 - 4

[illegible]

SECTION 4: CITIZENSHIP AND MIGRATION										
ALL AGES										
4.1		4.2			4.3		4.4		4.5	
What is [NAME]'s citizenship?		In which region and district was [NAME] born?			For how many years has [NAME] lived in this district?		From which district did [NAME] move?		Why did [NAME] move here?	
TANZANIA..... 1 OTHER COUNTRY (Specify)...94		WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE <b>88</b> IN THE REGION BOX AND LEAVE THE DISTRICT BOX BLANK.			WRITE THE COUNTRY IF OUTSIDE TANZANIA AND CODE <b>88</b> IN THE REGION BOX AND LEAVE THE DISTRICT BOX BLANK.  WRITE '00' IF LIVED HERE FOR LESS THAN 1 YEAR  WRITE '97' IF LIVED HERE SINCE BIRTH THEN ► NEXT SECTION				WORK RELATED.....1 SCHOOL/STUDIES..... 2 MARRIAGE.....3 OTHER FAMILY REASONS.....4 BETTER SERVICES/ HOUSING..... 5 LAND/PLOT.....6 OTHER..... 7	
		4.2	4.2.1	4.2.2			4.4.1	4.4.2		
		REGION NAME	REGION CODE	DISTRICT NAME	YEARS		REGION NAME	REGION CODE	DISTRICT NAME	
1										
2										
3										
4										
5										
6										
7										
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10										
11										
12										



## SECTION 5: EDUCATION

AGE 5 OR OLDER

[illegible]

SECTION 6: LITERACY			
AGE 14 OR OLDER			
6.1		6.1A	6.2
I N D I V I D U A L  I D	Can [NAME] read and write a short sentence in Kiswahili, English, Kiswahili and English, or any other language?	In which language can [NAME] read and write?	Now I would like you to read this sentence to me: (SHOW CARD A IN KISWAHILI ON TOP AND ENGLISH UNDERNEATH).  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: "Can you read any part of the sentence to me?"  RESPONDENT FREE TO CHOOSE WHICHEVER LANGUAGE THEY PREFER.   KISWAHILI - ABLE TO READ PARTS OF SENTENCE.....1 KISWAHILI - ABLE TO READ WHOLE SENTENCE.....2 ENGLISH - ABLE TO READ PARTS OF SENTENCE.....3 ENGLISH - ABLE TO READ WHOLE SENTENCE.....4 BLIND OR VISUALLY IMPAIRED.....5 CANNOT READ AT ALL.....6 RESPONDENT NOT AVAILABLE AT HOME FOR THE ENTIRE SURVEY PERIOD.....7
	YES..... 1	KISWAHILI.....1	
	NO.....2 ► SECTION 7	ENGLISH.....2	
		KISWAHILI AND ENGLISH...3	
		OTHER LANGUAGE.....4	

SECTION 7: HEALTH								
ALL AGES				AGE 0 - 4				
7.1	7.2			7.3	7.4	7.5	7.6	7.7
Was [NAME] sick or injured during the last two weeks?	What sort of illness/injury did [NAME] suffer from?			What type of food was [NAME] given during diarrhoea?	How much of this food was given compared to normal times?	What type of fluid was [NAME] given during diarrhoea?	How much fluid was given compared to normal times?	Was [NAME] given ORS/ORT packet solution or water, sugar and salt ( <i>home preparation</i> ) during diarrhoea?
YES...1 NO....2 ► Q7.8	<b>CODE UP TO THREE ANSWERS</b>  MALARIA.....A PNEUMONIA.....B HEART DISEASE.....C TUBERCULOSIS (TB).....D BORN UNDERWEIGHT (I.E. LESS THAN 2.5KG).....E DIABETIC.....F DIARRHOEA.....G ACCIDENT/INJURY.....H DENTAL.....I SKIN.....J EYE.....K EAR, NOSE, OR THROAT.....L CANCER.....M BLOOD PRESSURE (BP).....N OTHER, SPECIFY.....O  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             IF A RESPONSE IS F= DIARRHEA  <u>AND</u> AGE IS UNDER 5              ► CONTINUE               ELSE ► Q7.8           </div>			NOTHING.....1 ► Q7.5 COMMERCIAL INFANT/FOOD /FORMULA/YOGURT.....2 OTHER SEMI-SOLID FOOD.....3 FRUITS.....4 OTHER, SPECI.....94	MUCH LESS.....1 SOMEWHAT LESS.....2 ABOUT THE SAME.....3 MORE.....4  DON'T KNOW.....98	NOTHING.....1 ► Q7.7 BREASTMILK.....2 PORRIDGE (UJI).....3 WATER ALONE.....4 MILK OTHER THAN BREASTMILK.....5 OTHER, SPECIFY..94	MUCH LESS.....1 SOMEWHAT LESS...2 ABOUT THE SAME..3 MORE.....4  DON'T KNOW.....98	NOTHING.....1 ORS/ORT.....2 HOME PREPARED SOLUTION.....3
	1ST	2ND	3RD					
1								
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3								
4								
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12								

## SECTION 7: HEALTH

ALL AGES
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[illegible]

SECTION 8A: DISABILITY							
AGE 5 OR OLDER							
	8.1	8.2	8.3	8.4	8.5	8.6	8.7
I N D I V I D U A L  I D	Does [NAME] have difficulty seeing, even if he/she is wearing glasses?	Does [NAME] have difficulty hearing, even if he/she is wearing a hearing aid?	Does [NAME] have difficulty walking or climbing steps?	Does [NAME] have difficulty remembering or concentrating?	Does [NAME] have difficulty with self care (such as washing all over or dressing, feeding, toileting, etc.)?	Using your usual [NAME OF LANGUAGE] language, does [NAME] have difficulty communicating; for example understanding or being understood?	Is (NAME) Albino?
	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	NO, NOT AT ALL.....1 NO, NO DIFFICULTY WITH ASSISTIVE DEVICE..... 2 YES, SOME DIFFICULTY..... 3 YES, A LOT OF DIFFICULTY..... 4 CANNOT PERFORM... 5	YES..... 1 NO..... 2 DON'T KNOW... 3
	1						
	2						
	3						
	4						
	5						
	6						
	7						
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	9						
	10						
11							
12							



SECTION 8B: MEMBER'S INDIVIDUAL ASSETS				
AGE 5 OR OLDER				
8B.9	8B.10	8B.11	8B.12	
Do you have insurance cover?	Please, tell me which of the following you have?	Which of the following documents do you have in your name?	Which one of these providers is the most important for you when it comes for managing your money?	
<p>OWNED AND PAID FOR BY SOMEONE IN THIS HOUSEHOLD.....1</p> <p>OWNED BY SOMEONE IN THIS HOUSEHOLD MORTGAGED ?</p> <p>( YES....1</p> <p>F NO....2 ► Q8B.11</p> <p>F</p> <p>(</p>	<p>MOTOR VEHICLE INSURANCE.....1</p> <p>HOUSEHOLDS CONTENTS INSURANCE.....2</p> <p>NATIONAL HEALTH INSURANCE FUND.....3</p> <p>TIKA.....4</p> <p>PERSONAL ACCIDENT INSURANCE.....5</p> <p>COMMUNITY HEALTH FUND INSURANCE (CHF)...6</p> <p>LIFE INSURANCE.....7</p> <p>LOAN INSURANCE IN CASE OF DEATH.....8</p> <p>BUILDING INSURANCE.....9</p> <p>EDUCATION POLICY.....10</p> <p>FUNERAL COVER.....11</p> <p>AGRICULTURAL INSURANCE.....12</p> <p>OTHER, SPECIFY.....94</p>	<p>NATIONAL IDENTIFICATION CARD.....1</p> <p>NATIONAL IDENTIFICATION NUMBER.....2</p> <p>VOTER'S IDENTIFICATION CARD.....3</p> <p>TASAF IDENTIFICATION CARD.....4</p> <p>DRIVER'S LICENSE.....5</p> <p>PASSPORT.....6</p> <p>ELECTRICITY/WATER BILL.....7</p> <p>TELEPHONE BILL/MOBILE PHONE BILL.....8</p> <p>BANK/MFI STATEMENT.....9</p> <p>LEASE OR RENTAL AGREEMENT (E.G. VEHICLE OR HOUSE).....10</p> <p>SUBSCRIPTION (E.G. SATELLITE TV).....11</p> <p>TAX IDENTIFICATION NUMBER.....12</p> <p>INSURANCE POLICY.....13</p> <p>PAY SLIP FROM EMPLOYER.....14</p> <p>TITLE DEED.....15</p>	<p>BANKS.....1</p> <p>MICRO FINANCE INSTITUTIONS.....2</p> <p>MICRO LENDERS/FORMAL MONEY LENDERS.....3</p> <p>SACCOS.....4</p> <p>MOBILE MONEY AGENTS.....5</p> <p>BANK AGENTS.....6</p> <p>INSURANCE SERVICES.....7</p> <p>PENSION SERVICE.....8</p> <p>FUND MANAGERS (E.G. UTT, COLLECTIVE INVESTMENT SCHEMES ETC).....9</p> <p>SAVINGS GROUP.....10</p> <p>INFORMAL MONEY LENDERS.....11</p> <p>NONE OF THE ABOVE.....12</p> <p>OTHER (SPECIFY).....94</p>	
1				
2				
3				
4				
5				
6				
7				
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9				
10				
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12				

INDIVIDUAL



## SECTION 9: LABOUR STATUS

AGE 5 OR OLDER

[illegible]

**SECTION 9: LABOUR STATUS**

AGE 5 OR OLDER

[illegible]

